2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000130484

FOSTER, ROSLYN

4060 SETON AVE

BRONX, NY 10469

Name:

Address:

City-St-Zip:

Entity Name: H & M CARIBBEAN FOOD, INC.

FILED May 01, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7694 COUNTRY RUN PARKWAY ORLANDO, FL 32818 **Current Mailing Address: New Mailing Address:** 7694 COUNTRY RUN PARKWAY ORLANDO, FL 32818 FEI Number: 20-3531430 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COOMBS, ZENITH F 7694 COUNTRY RUN PARKWAY ORLANDO, FL 32818 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition HENRY, HERVIN L Name: Name: 2055 CASABA COVE AVE Address: Address: City-St-Zip: OCOEE, FL 34761 City-St-Zip: () Delete Title: VΡ Title: () Change () Addition Name: HENRY, MADELINE Name: 2055 CASABA COVE Address: Address: OCOEE, FL 34761 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition COOMBS, ZENITH Name: Name: 7694 COUNTRY RUN PKWY Address: Address: City-St-Zip: ORLANDO, FL 32818 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ZENITH F. COOMBS ST 05/01/2008